

Fill in this information to identify the case:Debtor name Cochran & Pease, LLCUnited States Bankruptcy Court for the: Southern District of NY
(State)Case number (if known): 19-10903☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand**\$ 2,228.00**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <u>Chase</u>	<u>Checking</u>	<u>5 9 0 6</u>	\$ <u>10,058.87</u>
3.2. <u>Bank of America</u>	<u>Checking</u>	<u>6 6 0 4</u>	\$ <u>7,807.18</u>

4. Other cash equivalents (Identify all)

4.1. _____ \$ _____
 4.2. _____ \$ _____

5. Total of Part 1\$ 20,094.05

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes. Fill in the information below.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit	
7.1. <u>Security Deposit on commercial kitchen at 10-40 45th Ave held by Maxim Holdings</u>	\$ <u>12,000.00</u>
7.2. _____	\$ _____

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____
 8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ 12,000.00

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☐ Yes. Fill in the information below.

Current value of debtor's interest

11. Accounts receivable

11a. 90 days old or less: $\frac{7300.74}{\text{face amount}} - \frac{0}{\text{doubtful or uncollectible accounts}} = \dots \rightarrow$ \$ 7300.74
 11b. Over 90 days old: $\frac{\text{face amount}}{\text{face amount}} - \frac{\text{doubtful or uncollectible accounts}}{\text{doubtful or uncollectible accounts}} = \dots \rightarrow$ \$ _____

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 7300.74

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes. Fill in the information below.

Valuation method used for current value

Current value of debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

14.1. _____ \$ _____
 14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____
 15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____
 16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials Food	03/24/2019 MM / DD / YYYY	\$ 5,000.00	Recent cost-based	\$ 5,000.00
20. Work in progress		\$		\$
21. Finished goods, including goods held for resale Packaged food/beverages	03/24/2019 MM / DD / YYYY	\$ 1,000.00	Recent cost-based	\$ 1,000.00
22. Other inventory or supplies Clean supplies and paper products	03/24/2019 MM / DD / YYYY	\$ 1,500.00	Recent cost-based	\$ 1,500.00
23. Total of Part 5 Add lines 19 through 22. Copy the total to line 84.				\$ 7500.00

24. Is any of the property listed in Part 5 perishable?

- ☐ No
☒ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
☒ Yes. Book value \$7,000.00 Valuation method Recent cost-based Current value \$7,000.00

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
29. Farm animals Examples: Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. **Is the debtor a member of an agricultural cooperative?**

- ☐ No
☐ Yes. Is any of the debtor's property stored at the cooperative?
☐ No
☐ Yes

35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No
☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____

36. **Is a depreciation schedule available for any of the property listed in Part 6?**

- ☐ No
☐ Yes

37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- ☐ No
☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
Desk, chair	\$ 300.00	Replacement value	\$ 300.00
40. Office fixtures			
	\$ _____		\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software			
Laptop, printer, fax machine	\$ 600.00	Replacement value	\$ 600.00
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1	\$ _____		\$ _____
42.2	\$ _____		\$ _____
42.3	\$ _____		\$ _____

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 900.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 2014 Isuzu Refrigerated Box Truck, 54DC4W1B1ES803993	\$	Replacement value	\$ 15,000.00
47.2	\$		\$
47.3	\$		\$
47.4	\$		\$
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1	\$		\$
48.2	\$		\$
49. Aircraft and accessories			
49.1	\$		\$
49.2	\$		\$
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
Refrigerators, freezer, misc restaurant equipment	\$	Replacement value	\$ 30,000.00
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			\$ 45,000.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
☒ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
☐ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 _____	_____	\$ _____	_____	\$ _____
55.2 _____	_____	\$ _____	_____	\$ _____
55.3 _____	_____	\$ _____	_____	\$ _____
55.4 _____	_____	\$ _____	_____	\$ _____
55.5 _____	_____	\$ _____	_____	\$ _____
55.6 _____	_____	\$ _____	_____	\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ _____

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☐ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets _____	\$ _____	_____	\$ _____
61. Internet domain names and websites _____	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties _____	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations _____	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property _____	\$ _____	_____	\$ _____
65. Goodwill _____	\$ _____	_____	\$ _____

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ _____

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☐ Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)
Terri 2 LLC, Terri 3 LLC

230,726.91

— 230,726.91

= →

\$ 0

Total face amount

doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Tax year _____ \$ _____
Tax year _____ \$ _____
Tax year _____ \$ _____

73. Interests in insurance policies or annuities

\$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\$ _____

Nature of claim _____

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\$ _____

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

\$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\$ _____

\$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ 0

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 20,094.05	
81. Deposits and prepayments. Copy line 9, Part 2.	\$ 12,000.00	
82. Accounts receivable. Copy line 12, Part 3.	\$ 7300.74	
83. Investments. Copy line 17, Part 4.	\$ 0	
84. Inventory. Copy line 23, Part 5.	\$ 7500.00	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$ 0	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$ 900.00	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 45,000.00	
88. Real property. Copy line 56, Part 9.	→	\$ 0
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$ 0	
90. All other assets. Copy line 78, Part 11.	+ \$ 0	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 92,794.79	+ 91b. \$ 0
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ 92,794.79

Fill in this information to identify the case:

Debtor name Cochran & Pease, LLC
 United States Bankruptcy Court for the: Southern District of NY
 (State)
 Case number (if known): 19-10903

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

<p>2.1 Creditor's name <u>BMO Harris Bank NA</u></p> <p>Creditor's mailing address <u>P.O. Box 71951</u> <u>Chicago, IL 60694-1951</u></p> <p>Creditor's email address, if known <u>TF.CustomerCare@bmo.com</u></p> <p>Date debt was incurred <u>6/3/14</u></p> <p>Last 4 digits of account number <u>8 3 3 9</u></p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien <u>14' 2014 Isuzu Refrigerated Box Truck</u></p> <p>Describe the lien <u>Auto Financing Loan</u></p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$ <u>3600.18</u></p>	<p>\$ <u>15,000</u></p>
<p>2.2 Creditor's name <u>American Packaging Capital</u></p> <p>Creditor's mailing address <u>11100 Wayzata Blvd, Suite 801</u> <u>Minnetonka, MN 55305</u></p> <p>Creditor's email address, if known <u>NOmeish@financediv.com</u></p> <p>Date debt was incurred <u>12/15/18</u></p> <p>Last 4 digits of account number <u>4 3 0 0</u></p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p>Describe debtor's property that is subject to a lien <u>OTS-10 Tabletop Tray Sealing Machine</u> <u>PAC FW 400F HORIZONTAL FLOW WRAPPER</u></p> <p>Describe the lien <u>Equipment financing lien</u></p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$ <u>86,902.77</u></p>	<p>\$ <u>\$65,000</u></p>
<p>3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.</p>		<p>\$ _____</p>	

Part 1: Additional Page

Column A	Column B
Amount of claim	Value of collateral that supports this claim
Do not deduct the value of collateral.	

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

23	Creditor's name CAH Group, LLC	Describe debtor's property that is subject to a lien Blanket lien	\$ 503,713.70	\$
	Creditor's mailing address 1300 Concord Terrace Suite 310 Sunrise, FL 33323	Describe the lien UCC-1		
	Creditor's email address, if known	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Date debt was incurred 12/5/18 Last 4 digits of account number 6 0 5 1	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).		
	Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. 1. CAH Group (Timberland Bank) 2. American Express National Bank	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines			

24	Creditor's name American Express National Bank	Describe debtor's property that is subject to a lien Blanket Lien	\$ 319,237.29	\$
	Creditor's mailing address 4315 S. 2700 West Salt Lake City, UT 84148	Describe the lien UCC-1		
	Creditor's email address, if known cjones@becket-lee.com	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Date debt was incurred 8/2/18 Last 4 digits of account number 3 3 8 5	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).		
	Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2,3			

Fill in this information to identify the case:

Debtor Cochran & Pease, LLC

United States Bankruptcy Court for the: Southern District of NY
(State)

Case number 19-10903
(If known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

NYS Department of Taxation and Finance
 Bankruptcy Section PO Box 5300
 Albany NY 12205-0300

Date or dates debt was incurred

05/31/18, 08/31/18, 11/30/18

Last 4 digits of account number 7 4 4 2

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8c)

As of the petition filing date, the claim is: \$ 77,418.42

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Sales Tax Payable, Penalties and Interest

Total claim

Priority amount

\$ 56,986.41

Is the claim subject to offset?

- ☒ No
☐ Yes

2.2 Priority creditor's name and mailing address

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

2.3 Priority creditor's name and mailing address

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Ace Natural 257 East Sanford Blvd Mount Vernon, NY 10550 Date or dates debt was incurred 2/12-3/27/19 Last 4 digits of account number _____	As of the petition filing date, the claim is: 23,569.58 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor account payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address Action Carting 300 Frank W. Burr Boulevard Suite 39 Teaneck, NJ 07666 Date or dates debt was incurred 12/1/18-3/26/19 Last 4 digits of account number _____	As of the petition filing date, the claim is: \$5,497.76 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor account payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	Nonpriority creditor's name and mailing address Allan R. Plapinger Investment Trust 1101 Evergreen Road Yardley, Pa 19067 Date or dates debt was incurred 1/23/19 Last 4 digits of account number _____	As of the petition filing date, the claim is: \$40,833.02 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Loan Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address American Express National Bank 4315 S. 2700 West Salt Lake City, UT 84148 Date or dates debt was incurred 1/20/10-2/13/19 Last 4 digits of account number 5 0 0 1	As of the petition filing date, the claim is: \$125,961.99 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5	Nonpriority creditor's name and mailing address Baldor Specialty Foods 155 Food Center Drive Bronx, NY 10474 Date or dates debt was incurred 3/14/19-3/27/19 Last 4 digits of account number _____	As of the petition filing date, the claim is: \$7,446.39 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor account payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address Bank of America Business Credit Card P.O. BOX 15796 WILMINGTON, DE 19886-5796 Date or dates debt was incurred 11/9/18-3-27-19 Last 4 digits of account number 6 6 3 2	As of the petition filing date, the claim is: \$5,647.81 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	Nonpriority creditor's name and mailing address Capital One Spark Business Credit Card P.O. Box 6492 Carol Stream, IL 60197-6492 Date or dates debt was incurred <u>8/22/17-3/27/19</u> Last 4 digits of account number <u>6 3 0 3</u>	As of the petition filing date, the claim is: \$ <u>\$19,778.30</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8	Nonpriority creditor's name and mailing address Chase Ink Business Credit Card P.O. Box 15123 Wilmington, DE 19850-5123 Date or dates debt was incurred <u>1/29/10-3/27/19</u> Last 4 digits of account number <u>5 4 9 7</u>	As of the petition filing date, the claim is: \$ <u>\$15,538.59</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9	Nonpriority creditor's name and mailing address Chase Business Line of Credit P.O. Box 6026 Mailcode IL1-0054 Chicago IL 60680-6026 Date or dates debt was incurred <u>11/14/13</u> Last 4 digits of account number <u>9 0 0 1</u>	As of the petition filing date, the claim is: \$ <u>\$16,767.65</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Line of Credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10	Nonpriority creditor's name and mailing address Con Edison P.O. Box 138 New York, NY 10276-0138 Date or dates debt was incurred <u>11/8/2016</u> Last 4 digits of account number <u>0 1 4 6</u>	As of the petition filing date, the claim is: \$ <u>5876.83</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor Account Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	Nonpriority creditor's name and mailing address Imperial Bag & Paper 255 Route 1&9 Jersey City, NJ 07306 Date or dates debt was incurred <u>1/31/19-3/22/19</u> Last 4 digits of account number <u>R 0 4 2</u>	As of the petition filing date, the claim is: \$ <u>\$9,260.65</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor account payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.12 Nonpriority creditor's name and mailing address Jeffrey Lapadula 530 Grand Street Apt FID New York, NY 10002 Date or dates debt was incurred 11/8/2016 Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: Loan payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
3.13 Nonpriority creditor's name and mailing address Staples Advantage P.O. Box 70242 Philadelphia, PA 19176-0242 Date or dates debt was incurred 9/1/18 Last 4 digits of account number 3 5 2 9	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor account payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,135.41
3.14 Nonpriority creditor's name and mailing address Stumptown Coffee Roasters 100 SE Salmon Street Portland, OR 97214 Date or dates debt was incurred 9/12/18-3/6/19 Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor account payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,546.59
3.15 Nonpriority creditor's name and mailing address The Bread Guy Bakery 840 East 28th Street, Paterson, NJ 07513 Date or dates debt was incurred 2/17/19-3/27/19 Last 4 digits of account number R 0 0 6	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor account payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,050.09
3. Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____

Part 3:**List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.2. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.3. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.5. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.6. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.7. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.8. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.9. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.10. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.11. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**5a. **Total claims from Part 1**

5a.

\$ 77,418.42

5b. **Total claims from Part 2**

5b.

+

\$ 333,910.66

5c. **Total of Parts 1 and 2**

5c.

\$ 411,329.08

Lines 5a + 5b = 5c.

Fill in this information to identify the case:

Debtor name Cochran & Pease, LLC

United States Bankruptcy Court for the: Southern District of NY
(State)

Case number (If known): 19-10903 Chapter 11

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	<u>Storefront least at 60 W 23rd Street</u> <u>New York, NY 10010</u>	<u>Pan Am Equities</u> <u>P.O. Box 5020</u> <u>New York, NY 10163-5020</u>
	State the term remaining	<u>12 months</u>	
	List the contract number of any government contract	<u>N/A</u>	
2.2	State what the contract or lease is for and the nature of the debtor's interest	<u>Commercial Kitchen</u> <u>10-40 45th Avenue, L.I.C., NY 11101</u>	<u>Maxim Holding Company, LLC</u> <u>10-40 45th Avenue</u> <u>Long Island City, NY 11101</u>
	State the term remaining	<u>2 years, 5 months</u>	
	List the contract number of any government contract	<u>N/A</u>	
2.3	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.4	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.5	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		

Fill in this information to identify the case:

Debtor name Cochran & Pease, LLC

United States Bankruptcy Court for the: Southern District of NY
(State)

Case number (If known): 19-10903

☐ Check if this is an amended filing

Official Form 206H**Schedule H: Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address		Name	Check all schedules that apply:
2.1 Michael Pease	108 Pine Ridge Road		CAH Group (ARF, Timberland)	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Street			
	Fayetteville	NY 13066		
	City	State ZIP Code		
2.2			American Packaging Capital	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Street			
	City	State ZIP Code		
2.3			NYS Tax & Finance	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Street			
	City	State ZIP Code		
2.4			Allan R. Plapinger Investment Trust	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Street			
	City	State ZIP Code		
2.5			American Express National Bank	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Street			
	City	State ZIP Code		
2.6			Bank of America Business Credit Card	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Street			
	City	State ZIP Code		

Debtor

Cochran Pease, LLC
Name

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Case number (if known) 19-10903

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address		Name	Check all schedules that apply:
2.7 Michael Pease	108 Pine Ridge Road Street Fayetteville NY 13066 City State ZIP Code		Capital One Spark	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.8			Chase Ink	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.9			Chase Business Line of Credit	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.10			Pan Am Equities	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.11			Maxim Holdings	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.12 Craig Cochran	33 Gold Street Street Apt 625 New York NY 10038 City State ZIP Code		American Packaging Capital	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.13			CAH Group (ARF, Timberland)	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.14			Allan R. Plapinger Investment Trust	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor

Cochran & Pease, LLC

Pg 21 of 37

Case number (if known) 19-10903

Name

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address		Name	Check all schedules that apply:
2.15 Craig Cochran	33 Gold Street Street Apt 625 New York NY 10038 City State ZIP Code		Chase Business Line of Credit	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.16			Pan Am Equities	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.17			Maxim Holdings	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.18 Jeffrey Lapadula	530 Grand Street Street Apt FID New York NY 10022 City State ZIP Code		Allan R. Plapinger Investment Trust	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.19 Terri 2 LLC	60 West 23rd Street Street New York NY 10010 City State ZIP Code		Chase Business Line of Credit	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.20 Terri 2 LLC	60 West 23rd Street Street New York NY 10010 City State ZIP Code		CAH Group (ARF, Timberland)	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.21 Terri 3 LLC	60 West 23rd Street Street New York NY 10010 City State ZIP Code		Allan R. Plapinger Investment Trust	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.22			Jeffrey Lapadula	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor

Cochran & Pease, LLC
Name

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Case number (if known) 19-10903

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address		Name	Check all schedules that apply:
223 Terri Vegetarian LLC	60 West 23rd Street Street New York NY 10010 City State ZIP Code		American Packaging Capital	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____	_____ Street _____ City State ZIP Code		Chase Business Line of Credit	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.____	_____ Street _____ City State ZIP Code		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____	_____ Street _____ City State ZIP Code		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____	_____ Street _____ City State ZIP Code		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____	_____ Street _____ City State ZIP Code		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____	_____ Street _____ City State ZIP Code		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____	_____ Street _____ City State ZIP Code		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name Cochran & Pease, LLC
United States Bankruptcy Court for the: Southern District of NY
(State)
Case number (if known): 19-10903

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year		Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u>01/01/2019</u> MM / DD / YYYY to Filing date	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>409,144</u>
For prior year:	From <u>01/01/2018</u> MM / DD / YYYY to <u>12/31/2018</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>2,012,673</u>
For the year before that:	From <u>01/01/2017</u> MM / DD / YYYY to <u>12/31/2017</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>2,047,362</u>

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

		Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From _____ MM / DD / YYYY to Filing date	_____	\$ _____
For prior year:	From _____ MM / DD / YYYY to _____ MM / DD / YYYY	_____	\$ _____
For the year before that:	From _____ MM / DD / YYYY to _____ MM / DD / YYYY	_____	\$ _____

Debtor Cochran & Pease, LLC Case number (if known) 19-10903
Name

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <u>Ace Natural</u> <small>Creditor's name</small> <u>257 E. Sanford Blvd</u> <small>Street</small> <u>Mount Vernon, NY 10550</u> <small>City State ZIP Code</small>	<u>12/28/18-</u> <u>03/27/19</u>	<u>\$ 53,059.54</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. <u>Baldor Specialty Foods</u> <small>Creditor's name</small> <u>155 Food Center Drive</u> <small>Street</small> <u>Bronx NY 10474</u> <small>City State ZIP Code</small>	<u>12/28/18-</u> <u>03-27/19</u>	<u>\$ 30,808.64</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. _____ <small>Insider's name</small> _____ <small>Street</small> _____ <small>City State ZIP Code</small>	_____ _____	<u>\$</u> _____	_____ _____ _____
Relationship to debtor _____			
4.2. _____ <small>Insider's name</small> _____ <small>Street</small> _____ <small>City State ZIP Code</small>	_____ _____	<u>\$</u> _____	_____ _____ _____
Relationship to debtor _____			

Debtor Cochran & Pease, LLC Case number (if known) 19-10903
Name

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Description of the property	Date	Value of property
5.1. Creditor's name Street City State ZIP Code			\$
5.2. Creditor's name Street City State ZIP Code			\$

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
American Express National Bank Creditor's name 4315 S. 2700 West Street Salt Lake City UT 84148 City State ZIP Code	Credit instructed credit card processors to withhold deposits and pay to American Express Last 4 digits of account number: XXXX- 3 3 8 5	1/28-1/30/19	\$ 3143.62

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. Case number		Name Street City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. Case title Case number		Court or agency's name and address Name Street City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor Cochran & Pease, LLC Case number (if known) 19-10903
Name

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the property	Value
Custodian's name		\$
Street	Case title	Court name and address
City State ZIP Code	Case number	Name
		Street
	Date of order or assignment	City State ZIP Code

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Recipient's name			\$
Street			
City State ZIP Code			
Recipient's relationship to debtor			
9.2. Recipient's name			\$
Street			
City State ZIP Code			
Recipient's relationship to debtor			

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost
			\$

Debtor Cochran & Pease, LLC Case number (if known) 19-10903
Name

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Platzer, Swergold, Levine, Goldberg, Katz & Jaslow, LLP		10/29/2018	\$ 10,000
	Address 475 Park Avenue, South Street New York NY 10016 City State ZIP Code			
	Email or website address ckatz@platzerlaw.com			
	Who made the payment, if not debtor?			

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2.	Bryan Pease, Esq.		03/27/2019	\$ 3,000
	Address 3170 Fourth Ave., Suite 250 Street San Diego CA 92103 City State ZIP Code			
	Email or website address byranpease@gmail.com			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
			\$
Trustee			

Debtor Cochran & Pease, LLC
Name

Case number (if known) 19-10903

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. _____	_____	_____	\$ _____
Address _____ Street _____ _____ City State ZIP Code			
Relationship to debtor _____			
13.2. _____	_____	_____	\$ _____
Address _____ Street _____ _____ City State ZIP Code			
Relationship to debtor _____			

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy	
	From	To
14.1. _____ Street _____ City State ZIP Code	_____	_____
14.2. _____ Street _____ City State ZIP Code	_____	_____

Debtor Cochran & Pease, LLC Case number (if known) 19-10903
Name

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.1.

Facility name		
Street	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
City State ZIP Code		Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.2.

Facility name		
Street	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
City State ZIP Code		Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☒ No.
☐ Yes. State the nature of the information collected and retained. _____
Does the debtor have a privacy policy about that information?
☐ No
☐ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
Yes. Does the debtor serve as plan administrator?
☐ No. Go to Part 10.
☐ Yes. Fill in below:

Name of plan	Employer identification number of the plan
	EIN: ____ - ____ - ____

Has the plan been terminated?
☐ No
☐ Yes

Debtor Cochran & Pease, LLC Case number (if known) 10-10903
Name

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Name _____ Street _____ City State ZIP Code	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
18.2.	Name _____ Street _____ City State ZIP Code	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Chase Name 28 Liberty St Street _____ New York NY 10038 City State ZIP Code	Michael Pease _____ Tomer Versano _____ Address _____ _____	None _____ _____ _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____ Street _____ City State ZIP Code	_____ _____ _____ Address _____ _____	_____ _____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Cochran & Pease, LLC Case number (if known) 19-10903
Name

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
Name			\$ _____
Street			
City State ZIP Code			

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number	Name		<input type="checkbox"/> Pending
	Street		<input type="checkbox"/> On appeal
	City State ZIP Code		<input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

Debtor Cochran & Pease, LLC Case number (if known) 19-10903
Name

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	_____
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____		

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	EIN: ____ - ____ - ____ Dates business existed From ____ To ____
25.2. Business name and address Name _____ Street _____ City _____ State _____ ZIP Code _____	Describe the nature of the business _____ _____ _____	Employer Identification number Do not include Social Security number or ITIN. EIN: ____ - ____ - ____ Dates business existed From ____ To ____
25.3. Business name and address Name _____ Street _____ City _____ State _____ ZIP Code _____	Describe the nature of the business _____ _____ _____	Employer Identification number Do not include Social Security number or ITIN. EIN: ____ - ____ - ____ Dates business existed From ____ To ____

Debtor Cochran & Pease, LLC Case number (if known) 19-10903
Name

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Dates of service
26a.1. <u>Lynn-Mark Enterprises</u> Name <u>14 E 38th Street</u> Street <u>New York</u> <u>NY</u> <u>10016</u> City State ZIP Code	From <u>11/16/10</u> To <u>present</u>

Name and address	Dates of service
26a.2. _____ Name _____ Street _____ _____ City State ZIP Code	From _____ To _____

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

Name and address	Dates of service
26b.1. _____ Name _____ Street _____ _____ City State ZIP Code	From _____ To _____

Name and address	Dates of service
26b.2. _____ Name _____ Street _____ _____ City State ZIP Code	From _____ To _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. _____ Name _____ Street _____ _____ City State ZIP Code	_____ _____ _____

Debtor Cochran & Pease, LLC Case number (if known) 19-10903
Name

Name and address

If any books of account and records are unavailable, explain why

26c.2.

Name
Street
City State ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. CAH Group (ARF Financial, Timberland Bank)

Name
1300 Concord Terrace Suite 310
Street
Sunrise FL 33323
City State ZIP Code

Name and address

26d.2. American Express National Bank

Name
4315 S. 2700 West
Street
Salt Lake City UT 84148
City State ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No
☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

\$

Name and address of the person who has possession of inventory records

27.1.

Name
Street
City State ZIP Code

Debtor Cochran & Pease, LLC Case number (if known) 19-10903
Name

Name of the person who supervised the taking of the inventory

Date of
inventory

The dollar amount and basis (cost, market, or
other basis) of each inventory

\$

Name and address of the person who has possession of inventory records

27.2.

Name

Street

City

State

ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Michael Pease	108 Pine Ridge Road, Fayetteville, NY 13066	Managing Member	30.73%
Craig Cochran	33 Gold Street, Apt 625, New York, NY 10038	Managing Member	33.4%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
			From ____ To ____
			From ____ To ____
			From ____ To ____
			From ____ To ____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. Michael Pease	\$8,711.54	02/08/19-	Salary for labor
Name 108 Pine Ridge Road		03/27/19	
Street			
Fayetteville	NY	13066	
City	State	ZIP Code	
Relationship to debtor			
Managing Member			

Debtor Cochran & Pease, LLC Case number (if known) 19-10903
Name

Name and address of recipient

\$35,117.76

03/30/18-

Salary for labor

30.2

Craig Cochran

Name

33 Gold Street

Street

Apt 625

New York

NY

10038

City

State

ZIP Code

Relationship to debtor

Managing Member

12/28/18

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No

☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

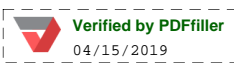
I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/15/2019
MM / DD / YYYY

x

Michael Pease



Printed name Michael Pease

Signature of individual signing on behalf of the debtor

Position or relationship to debtor Managing Member/ President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No

☒ Yes

Debtor: Cochran & Pease, LLC

Case Number: 19-10903

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy (continued)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

	Creditor's name and address	Dates	Total amount or value	Reasons
3.3	Bank of America Business Credit Card P.O. Box 15796 Wilmington, DE 19886-5796	12/28/18-03/27/19	\$11,100.00	Credit card payments
3.4	CAH Group (ARF Financial, Timberland) 1300 Concord Terrace Suite 310 Sunrise, FL 33323	12/28/18-03/27/19	\$12,335.04	Secured debt
3.5	Chase Ink Business Credit Card P.O. Box 15123 Wilmington, DE 19850-5123	12/28/18-03/27/19	\$49,013.09	Credit card payments
3.6	Con Edison Cooper Station P.O. Box 138 New York, NY 10276-0138	12/28/18-03/27/19	\$17,828.69	Suppliers or Vendors
3.7	Imperial Bag & Paper 255 Route 1&9, Jersey City, NJ 07306	12/28/18-03/27/19	\$15,870.76	Suppliers or Vendors
3.8	The Bread Guy Bakery 840 East 28th Street Paterson, NJ 07513	12/28/18-03/27/19	\$11,500.72	Suppliers or Vendors